



## Application for Re-Certification

Change of Address:

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Certification Number: \_\_\_\_\_

Category: \_\_\_\_\_

- |    |                                |    |                                  |
|----|--------------------------------|----|----------------------------------|
| 1A | Agricultural Plant             | 7A | General Pest Control             |
| 1B | Agricultural Animal            | 7B | Wood Destroying Pest Control     |
| 1C | Fumigation of Soil & Ag. Comm. | 7C | Fumigation Pest Control (non-ag) |
| 02 | Forest                         | 7D | Wood Preservatives               |
| 03 | Ornamental & Turf              | 7E | Institutional & Maintenance      |
| 04 | Seed Treatment                 | 7F | Cooling Tower                    |
| 5A | Aquatic                        | 7G | Miscellaneous                    |
| 5B | Anti-fouling Paint             | 08 | Public Health                    |
| 5C | Mosquito                       | 09 | Regulatory                       |
| 06 | Right-of-Way                   | 10 | Demonstration and Research       |

Current Employer: \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone

I, \_\_\_\_\_, hereby apply for re-certification as a Pesticide  
Applicator in accordance with provisions of 3 Del C., Part II, Chapter 12, Section 1215-1223.

\_\_\_\_\_  
Signature Date

CHECK/MONEY ORDER – FEE \$20.00

Make Check or Money Order  
Payable to:

**Delaware Department of  
Agriculture**

**NEW!!!**

☐ Visa

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Month Year

Authorization: \_\_\_\_\_

CREDIT CARD – FEE \$20.00

☐ Mastercard

☐ Discover

- Government agency employees who apply or supervise the application of pesticides are exempt from the fee requirement if pesticide use is related to official duties.